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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H91181** (8)
1. Corporation Name
TEMPLETON FUNDS TRUST COMPANY

Principal Place of Business
**700 CENTRAL AVENUE
ST. PETERSBURG FL 33701-3628**

Mailing Address
**700 CENTRAL AVENUE
ST. PETERSBURG FL 33701-3628**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 **100 Fountain Parkway**

22 City & State

27 **St. Petersburg, FL**

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**SMITH, ROBERT W III
700 CENTRAL AVENUE
ST. PETERSBURG FL 33701-3628**

3. Date Incorporated or Qualified

12/20/1985

4. FEI Number

59-2606922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Smith, Robert W., III

82 Street Address (P.O. Box Number is Not Acceptable)

100 Fountain Parkway

83

84 City

St. Petersburg

FL

85 Zip Code

33716

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD
CAMPBELL, GORDON W.**
STREET ADDRESS **1106 CULBREATH ISLES DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D
BEACH, RICHARD A.**
STREET ADDRESS **6487 20TH AVE. NO.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ DELETE

NAME **D
ADCOCK, LOUIE N., JR.**
STREET ADDRESS **280 RAFAEL BLVD., N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **PD
HITCHCOCK, JOHN G JR**
STREET ADDRESS **1800 HATEWAY DR**
CITY-ST-ZIP **SAN MATEO CA**

TITLE ☐ DELETE

NAME **V
BAIO, JAMES R.**
STREET ADDRESS **500 EAST BROWARD BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **S
REYMAN, T GREGORY II**
STREET ADDRESS **901 MARINERS ISLAND BLVD**
CITY-ST-ZIP **SAN MATEO CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**PD
Hitchcock, John G., Jr.
1400 Fashion Island Blvd.
San Mateo, CA 94404**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

T. Gregory Reyman II

4/9/98

659/525-8050

CR2E034 (10/97)